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AUTHOR Holahan, Carole K.
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ABSTRACT

A study was conducted to examine the role of positive and negative life circumstances and individual coping factors in the psychological adjustment of older individuals. Interviews were conducted with 32 men and 32 women between the ages of 65 and 75 who were retired from mid-level or managerial jobs at the University of Texas. Most of the respondents were reinterviewed one year later. The majority of the negative life events reported by respondents involved the death or illness of a family member or friend. In spite of the seriousness of the negative life events reported, daily hassles were more strongly related to distress than were major events. Results demonstrated mental health benefits for older persons from having social relationships that provided important qualitative aspects of social support. Findings also showed that perceptions of self-efficacy in dealing with problems and negative life events were related to successful adjustment. Respondents were, in general, well-adjusted and satisfied with their lives. They appeared to be coping effectively and were generally meeting the stresses and demands of aging with success and good humor. Most respondents reported that the quality of their lives as they aged was as good or better than they had anticipated and most were optimistic about the future. (NB)

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Effective Coping with the Stresses of Aging

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POST-RETIREMENT ADJUSTMENT:

Effective Coping with the Stresses of Aging

by Carole K. Holahan
The University of Texas at Austin

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The University of Texas
Austin, Texas 78713-7998

FOREWORD

The population of the United States is getting older. As the baby boomers age into the next century, the proportion of our population over 65 will be greater than at any time in history. The recent recognition of this demographic phenomenon has made the quality of life for elderly persons the focus of increased attention by researchers.

One of the significant milestones in the aging process is retirement. Most of us will eventually withdraw from the working environment at some point in our later years, and this transition is likely to occur when our physical and mental health are good. As the time for retirement approaches, so rises our concern for the quality of our lives after work. We will ask ourselves: Will I be able to adjust to not working? What new problems will I face? Will I be able to cope with them? Will I be happy?

Dr. Carole Holahan conducted in-depth interviews with a group of retirees from The University of Texas at Austin and followed up most of the individuals one year later. The data she gathered provide some interesting and, in many cases, surprising answers to the questions surrounding aging and retirement.

Ralph E. Culler III
Executive Associate, Hogg Foundation

POST-RETIREMENT ADJUSTMENT:

Effective Coping with the Stresses of Aging

Some older individuals show few signs of stress or diminution of faculties; others evidence many losses. What makes the difference?

The dramatic growth of the aging population in the United States, which has made the psychological and physical health of older persons a cause of particular concern, served as impetus for a study concerning the role of positive and negative life circumstances and individual coping factors in the psychological adjustment of older individuals.* Thirty-two men and thirty-two women were interviewed in the study. They were between age 65 and 75.

* This study was conducted by the author in collaboration with Charles J. Holahan.

All were retired from mid-level or managerial jobs at The University of Texas with titles such as executive assistant, librarian, training specialist, accountant, editor, and counseling specialist. None of these individuals was living in an institutional setting or was ill at the time of the study which involved a one-hour personal interview conducted in each participant's home. Most of the participants were reinterviewed one year later.

Do the environmental demands and personal coping resources of a group of older persons relate to their psychological adjustment? In order to develop an answer to this question, participants in the study were asked about any feelings of psychological distress they may have experienced in the preceding year, any major negative life changes they had experienced, and the kinds of problems they were experiencing in their daily lives. They were also asked about the role of people in their lives in providing emotional support and about their own feelings of confidence to handle the stresses and strains with which they were faced.

In order to determine the level of adjustment of this group of elderly persons, the study participants were asked about three common indications of psychological distress: feelings of low morale, depressed mood, and psychosomatic symptoms. To assess morale, the participants were asked about their attitude toward their own aging (e.g., the belief that life gets worse as one gets older), agitation (e.g., worrying excessively, getting angry and upset), and any loneliness and dissatisfaction they experienced.

Depressed mood was assessed from the participants' answers about several common symptoms they might have experienced "fairly often" over the preceding year. Examples of such symptoms are: wondering if anything is worthwhile anymore, feeling unable to get going, being disappointed that nothing seems to turn out right. Participants were also asked if they had experienced "fairly often" over the previous year seventeen common symptoms that often have a psychosomatic basis. Examples of these symptoms are: headaches, acid stomach or indigestion, insomnia, heart beating hard or pounding, poor appetite. All of these indicators of distress are the kinds of things that *normal* people in the community report when they are experiencing difficulties.

STRESSES

Overall Stresses

One goal of this study was to examine the relationship of overall stresses to symptoms of psychological distress in a community sample of older persons. A full understanding of aging and mental health has to take account of life stress in the lives of older persons. Individuals in their older years are often subject to a variety of major life changes including loss of the work role, declining income, changes in physical functioning, death of friends, and illness or death of a spouse. Psychological research has demonstrated a relationship between such life changes and a wide variety of psychological and psychosomatic complaints.

To determine the level of life stress, the participants were asked if they had experienced any of the following changes in the past year: a substantial income decrease, legal problems, death of a spouse, death of a close friend, debt problems, serious illness or injury of another family member, divorce or separation in the family. Death or illness accounted for most of the stressful life events reported by this elderly sample. Death of a close friend accounted for 56 percent of the events reported by men and 30 percent of the events reported by women. Women, however, reported more negative life events than men, and this difference was due to the large number of instances of death or illness of a family member reported by women (accounting for 58 percent of their negative life events.)

Surprisingly, in terms of general concern about stressors in the lives of older persons, negative life events among this elderly sample showed the weakest pattern of relationships in the measures of distress. There were, however, some interesting differences between men and women. Whereas no relationship was observed for women, for men the number of life events experienced was related to depressed mood and to negative attitudes toward aging. Since men experienced few life events, the observed relationship for men reflected whether or not they experienced any negative events at all.

The large majority of the negative life events reported by this sample involved the death or illness of a family member or friend. It is possible that women anticipate these events and are thus better able to cope with them. The death of a spouse, in particular, while a pronounced loss, is a predictable demand of aging for many women. Since women generally expect that they may survive their husbands, they may be better able than men to cope with illness and widowhood when it actually occurs.

Daily Struggles

In addition to life change events that involve a major alteration in environmental conditions, individuals, particularly older persons, are also subject to chronic daily stresses of a repetitive and enduring nature. These stresses, irritations, and frustrations include practical problems, environmental irritants, and concerns relating to family, health, and finances. Psychologists have recently suggested that chronic daily difficulties are a more accurate predictor of psychological symptoms for anyone than are major life events. However, the emerging understanding of the strong link between daily hassles and health has not yet been applied to an older population. Some researchers have argued that the effects of chronic daily irritations on psychological well-being may be especially strong for older persons, and they have emphasized the need for research on this topic.

In this study, participants were asked about 35 demands that typify everyday life. These demands encompassed practical daily problems and challenging occurrences that are fortuitous in nature, along with family concerns and daily disappointments.

The stresses reported by these elderly persons largely reflected ongoing life strains which seemed particularly relevant to older individuals. Health-related issues such as health in general, concerns about weight, feeling that physical abilities were declining, and illness of a family member were among those most frequently mentioned. Concern over well-being was apparent from the frequent mention of

crime, traffic, accidents, and friends' and relatives' being too far away. Women reported more stresses than men, especially in regard to rising prices.

In spite of the seriousness of the negative life events reported, daily hassles were more strongly related to distress than were major events. The relationships of these everyday worries to measures of both psychological and physical distress were somewhat stronger than those for life events among men and much stronger among women. Seemingly small problems can take a toll when they occur repeatedly, often outside of the individual's control and with no end in sight.

RESOURCES

Social Support

A second goal of the study was to explore how individuals cope positively with aging. One key factor is the amount of emotional support from others available to the elderly individual. For example, there is evidence concerning the importance of social relationships in maintaining positive functioning in aging. In particular, the availability of a confidant seems to be an especially important factor. The importance of social support thus lies not only in the quantity of relationships but also in their quality, i.e., does the elderly person have someone with whom to share personal concerns? Unfortunately, the role losses associated with normal aging, such as retirement and widowhood, may often remove previously available sources of social support.

In this study the participants were asked about important qualitative aspects of social support. The areas of such support addressed in the study included: attachment (e.g., feeling a strong emotional bond with at least one other person); social integration (e.g., feeling there are

people who enjoy the same social activities); reassurance of worth (e.g., feeling there are relationships where one's competence and skill are recognized); reliable alliance (e.g., feeling there are people who can be depended upon in a time of need); and guidance (e.g., feeling there is someone to talk to about important decisions). Their responses showed that social support is important in inhibiting depression in the elderly. Thus, the study demonstrated mental health benefits for older persons from having social relationships that provide important qualitative aspects of social support.

Self-Efficacy

It is also likely that the ways that older persons think about their problems may affect their ability to cope with those issues. In particular, feelings of confidence, or self-efficacy, may be an essential aspect of coping efforts.

Self-efficacy has been shown to be a key factor in mental health. It involves judgments about how well one can organize and carry out courses of action necessary to cope with situations involving ambiguous, unpredictable, and stressful elements. An individual's sense of self-efficacy determines whether coping will be initiated, how long it will be sustained in the face of obstacles and aversive experiences, and how much effort will be expended.

Thus, individuals who believe they are better able to cope with stressful circumstances have been shown to be more successful in their coping efforts. Until now, however, the role of self-efficacy in coping for the elderly had not been investigated.

In order to learn about each participant's sense of self-efficacy, the participants were asked how well they had handled each life event or worry (or could handle the event or difficulty in the future if it had not been experienced recently). Self-efficacy relating to social support was assessed by obtaining each participant's judgment of how well he or she had handled each of several social concerns in the past month related to obtaining social support or might be able to handle these in the future.

The social concerns included: loneliness, fear of being rejected, not seeing enough people, and friends' and relatives' being located too far away. The results showed that perceptions of self-efficacy in dealing with problems and negative life events are related to successful adjustment. Higher levels of self-efficacy were associated with lower levels of depressed mood for both sexes, with lower levels of other measures of psychological distress for women and with fewer psychosomatic complaints for men.

These findings reinforce the importance of self-efficacious thought in successful coping for older persons. These findings are particularly important in view of the social conditions of normal aging, which often include the loss of social roles and regular contacts with people. These changes often deprive the individual of much day-to-day feedback concerning his or her competence in the world. Older persons can thus become susceptible to society's labeling suggesting that they are incompetent. Such suggestion may lead to the atrophy of skills, and older persons may eventually come to see themselves as less competent than before. Self-efficacious thought may serve to prevent such a breakdown of competence by the elderly by facilitating positive coping efforts that, if successful, can further increase older persons' confidence in themselves.

Self-efficacy concerning social support was also related to the actual level of social support individuals reported one year later. Since having supportive social relationships is itself related to psychological health, these results show a double important role for self-efficacy. First, it is important in its direct relationship to better adjustment and less depression and, secondly, self-efficacy fosters health indirectly by enabling older persons to obtain sufficient social support.

EXPECTATIONS ABOUT OLD AGE

Participants in the study were also asked in what ways their lives now were similar to or different from what they had expected this time would be like. Fifteen responded that their current lives were much as they had anticipated. Six subjects indicated that they had expected a healthy, happy old age—which they were now enjoying. One 67-year-old man exclaimed, "I'm middle-aged now."

The largest group of subjects saw life currently as better than they had expected it would be. Seven of them specifically mentioned retirement as the reason life was better than expected. The two principal reasons they gave were (1) they no longer have the stress and responsibilities of their jobs to worry about and (2) more time for other interests. Voluntary retirees have a more positive attitude in retirement, which probably reflects their better income, occupational level, health status, and attitude about retirement prior to leaving their employment. They adjust to the change in much less time than those who retire involuntarily.

Another group of subjects was finding life more fun, exciting, rewarding and busier than they expected. A few were pleased by the fact that things were serene, peaceful, and stable. Seven other subjects felt that life was better than expected because they were financially secure and/or in good health. A 67-year-old man said, "I'm glad to be on my own and not in a retirement home, as I had pictured." Several subjects, especially those who mentioned financial security, said that life was easier than they had anticipated.

The smallest group of individuals (10 people) made comments that indicated their satisfaction was lower than they had expected. Six subjects had not expected to lose their spouses, and one did not expect to be isolated from her family. Three of these persons, however, said that except for the loss of the spouse, life was just about as they had expected. Three subjects had not expected to have health problems as they were now experiencing them. Only one subject mentioned financial problems—she had not anticipated having to deal with the effects of inflation. Of this latter group, only two were male; the eight women were widowed.

THE FUTURE

Finally, the subjects were asked, "How does your future look to you now?" A majority (61 percent) saw their future as looking fine. Males giving such response outnumbered females three to one. A few persons gave good health or adequate finances as reasons why their futures looked bright. Others mentioned their families and grandchildren. Some said they were looking forward to activities such as sailing, watching football games, or hunting. Most simply stated that the future looked good.

Fifteen participants said that while their futures looked good, they also had some reservations. Nine of these subjects mentioned that health problems could bring about changes. Two subjects noted that financial problems could arise that would affect them.

Eight persons gave negative replies such as "I don't look at the future," "I live one day at a time," and "Who knows what the future holds?" Only two subjects were clearly pessimistic. One woman said her future looked dull. She was very dissatisfied because she had to look after her husband and could not pursue her interests. The other subject, a 68-year-old widow, stated that she was afraid of being in a wheelchair or being dependent. She had rhumatoid arthritis and said she would like to go on with life but was unable to do so.

CONCLUSIONS

Psychologists still need to learn a great deal about the complex picture of mental health during the aging years. The findings of this study suggest that understanding both environmental demands and resources, as well as personal competencies for dealing with the demands of aging, can lead to better understanding of mental health during aging. These factors may also be useful in planning preventive mental

health programs for the elderly. The results of this study can lead to understanding of the kinds of conditions and resources that will maximize the opportunity for positive mental health in the aging years.

Overall, these results are encouraging in considering the outlook for mental health in the aging years. The retired persons who were interviewed are, on the whole, well-adjusted and satisfied with their lives. They are coping effectively and are generally meeting the stresses and demands of aging with success and good humor.

Most of the individuals reported that the quality of their lives in their aging years is as good as or better than they had expected for this stage of life. Most of these individuals are also optimistic about the future.

In understanding the psychology of aging, conventional opinion needs to be reassessed against careful observation. Concern over the "plight of the elderly" needs to be balanced by a healthy respect for the many competencies of older persons.